



Application for Employment

Elk Grove Community Services District
Human Resources Department
8820 Elk Grove Blvd., Suite 1
Elk Grove, CA 95624

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied for		Date of Application		
How did you learn about us?				
<input type="radio"/> Advertisement		<input type="radio"/> Friend	<input type="radio"/> Walk-In	
<input type="radio"/> Employment Agency		<input type="radio"/> Relative	<input type="radio"/> Other _____	
Last Name		First Name	Middle Name	
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number <i>(Note: Providing your Social Security Number is voluntary in accordance with the Privacy Act of 1974.)</i>		

- ☐ Are you over 18 years of age? ☐ Yes ☐ No If under eighteen, can you, after an offer of employment, submit a work permit? ☐ Yes ☐ No
- ☐ Have you ever filed an application with us before? If Yes, give date _____ ☐ Yes ☐ No
- ☐ Have you ever been employed with us before? If Yes, give date _____ ☐ Yes ☐ No
- ☐ Are you currently employed? ☐ Yes ☐ No
- ☐ Would you prefer that we do or do not contact your present employer? ☐ Do ☐ Do Not
(Note: This does not preclude the District from doing so in the event of a background check. See Background Investigation waiver attached.)
- ☐ Can you, after an offer of employment, submit verification of your legal right to work in the United States? *(Note: Proof of citizenship or immigration status will be required upon employment.)* ☐ Yes ☐ No
- ☐ On what date would you be available for work? _____
- ☐ Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Weekends ☐ Evenings
- ☐ Are you currently on "layoff" status and subject to recall? ☐ Yes ☐ No
- ☐ Have you ever been convicted of a crime? *(Note: You may answer "no" if the conviction is specified in Health and Safety Code (HSC) Section 11361.5 which pertains to various marijuana offenses, or, if the conviction was a violation under HSC Section 11557 or its successor Section 11336 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.)* ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment. If Yes, please explain

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other				

If a language other than English is relevant to the job for which you are applying, indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. You may attach a resume as long as it includes all information listed below.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

■ List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

■ Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

■ Specialized Skills/Certification

- ☐ Fax ☐ CPR ☐ First Aid
- ☐ IBM Compatible ☐ Macintosh ☐ Other (list): _____
- ☐ Typewriter ☐ Licenses/Certificates _____
- ☐ Computer System Administration (explain)

■ Were you ever discharged, rejected/terminated/non-reelected/released during probation, or have you ever been requested to resign from any employment? O Yes O No

■ Answer only if the position you are applying for requires driving as part of the minimum qualifications. Do you possess a valid California driver's license? O Yes O No

If yes, enter your driver's license number and the class of license

Calif. Drivers License # _____ Class _____

Have you ever been put on probation or has your driver's license ever been suspended or revoked? O Yes O No

■ State any additional information you feel may be helpful to us in considering your application.

■ I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentation or omission may be cause for nonselection or dismissal.

Signature of Applicant _____ Date _____

■ Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A description of the activities involved in such a job or occupation is attached.

☐ YES ☐ NO

■ References

1.

Name	Phone #
Address	

2.

Name	Phone #
Address	

3.

Name	Phone #
Address	

■ Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Confidential Demographic Survey

- As an affirmative action/equal opportunity employer, we are required to compile summary data on applicants for employment. We are requesting your assistance in providing the information below. Please return this form with your application. **The completion of this questionnaire is voluntary on your part. It will be kept confidential and separate from all hiring documents and will not be forwarded to departments making employment decisions.**

Name	Male	Female
Position Applied For	Date	

■ Ethnicity *(Please check one only)*

- ☐ Asian - Chinese, Korean, Japanese, Laotian, Cambodian, Vietnamese,
☐ Pacific Islander - Guamanian, Hawaiian, Samoan
☐ Filipino ☐ East Indian ☐ Black (African-American)
☐ Hispanic - Mexican, Mexican-American, Chicano, Latino, Central American, South American
☐ American Indian/Alaskan Native ☐ White/Caucasian (Including the Middle East)
☐ Other (Please Specify) _____

■ Disabled and Veteran Status *(Check all that apply)*

- ☐ Disabled/Handicapped: A person who has physical or mental impairment which substantially limits one or more of such person's major life activities.
- ☐ Vietnam Era Veteran: A person who:
- 1) served on active duty for more than 180 days, any part of which occurred between 8/5/64 & 5/7/75 and was not dishonorably discharged or
 - 2) was discharged from active duty for a service connected disability if any part of such active duty was performed between 8/5/64 & 5/7/75.
- ☐ Special Disabled Veteran: A veteran who:
- 1) received disability compensation from the Veteran's Administration for a disability of 30% or more or
 - 2) was discharged or released from active duty for a disability incurred or aggravated in the line of duty or
 - 3) has a disability rating of 10-20% who has been determined by the Veteran's Administration to have a serious employment handicap.

Thank you for your assistance in improving our recruitment.

I decline to complete this form.

Signature